

**Application Data Sheet**

**Application Information**

Application Number::	10/528948
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	METHODS FOR DIAGNOSING AND TREATING TUMORS AND SUPPRESSING CD PROMOTERS
Attorney Docket Number::	M0765.70064US01
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	UK
Status::	Full Capacity
Given Name::	Carl
Middle Name::	Simon
Family Name::	SHELLEY
City of Residence::	Charlestown
State or Province of Residence::	MA

Country of Residence:: US  
Street of mailing address:: 103 9th Street, # 226  
City of mailing address:: Charlestown  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02129

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Omid  
Middle Name:: C.  
Family Name:: FAROKHZAD  
City of Residence:: Chestnut Hill  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 490 Beacon Street  
City of mailing address:: Chestnut Hill  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02467

### **Correspondence Information**

Correspondence Customer Number:: 23628  
Phone number:: (617) 646-8000, (617) 646-8308  
Fax Number:: (617) 646-8646  
E-Mail address:: relhayek@wolfgreenfield.com

### **Representative Information**

Representative Customer Number:: 23628

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is	An application claiming the benefit under 35 USC 119(e)	60/412964	09/23/02

**Foreign Priority Information**

N/A

**Assignee Information**

Assignee One Name:: The General Hospital Corporation  
Street of Mailing Address:: 55 Fruit Street  
City of Mailing Address:: Boston  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: United States  
Postal or Zip Code of Mailing Address:: 02114